

Globe Regional Justice Court/Miami Magistrate Court

1400 E. Ash Street, Globe, AZ 85501 (928)425-3231/1(866)846-8296

Your citation/complaint has a notation that indicates this is either civil or criminal. If you received a criminal citation, you must contact the court for instructions. This bond card contains information for those that received a Civil Traffic Violation(s). The following information describes the three options available to you for the citation you received, or you may appear in the court on the date and time shown above your signature on your citation/complaint. If you have multiple charges on your citation, you will need to indicate your choice for each charge, whether Option 1, 2 or 3.

Failure to appear in court on the date listed on your citation, or failure to complete one of the other options listed below may result in the issuance of a warrant for our arrest, a driver license suspension, and/or additional monetary costs imposed.

OPTION 1: Defensive Driving Program

Arizona statutes provide that under certain circumstances, a person may divert a traffic violation (once charge or violation) through attending a defensive driving class. If you choose to attend:

- You must not appear in court for that charge,
- The charge will be dismissed,
- No fine will be assessed for that charge,
- No points are added to your driving record for that charge,
- If you received multiple charges on your citation, only one can be dismissed through Option 1. You must decide whether to plead responsible for, or request a hearing to contest each remaining charge. Indicate your choices by completing the sections for Option 2 and/or Option 3 as per the instructions. Make certain you indicate your choice for each remaining charges on your citation.
- **One 30 day extension may be granted upon written request.**
- **The school must be completed seven days prior to your appearance date.**
- **You may only attend the defensive driving school once a year.**

If you wish to attend, you must do the following:

- Register online at: www.DDCAZ.org . The School will verify your eligibility register you for a class and report your attendance to the court upon completion.
- Provide a copy of your citation/complaint, show your driver's license to the instructor, pay the current fee by cashier's check, money order prior to attending class unless taking the online course.

Option 2: Pay your fine by mail (Enter a Plea of "Responsible")

If you complete this section, you are admitting responsibility for the violation(s).

The Court will enter a judgment to the Motor Vehicle Division. Points will be assessed to your driving record for any moving violations.

****Plea form must be signed in order for the courts to receipt payment.**

1. Find your violation code(s) on the attached bond list under "Option 3" to determine your fine amount.
2. Determine which court you have been cited into, which is located at the bottom of our citation/complaint.
 - a. Make the cashier/money order payable to the Globe Regional Justice Court (0403) or the Miami Magistrate Court (0441) whichever is indicated on your citation/complaint. Please DO NOT send cash in the mail and we do NOT ACCEPT personal checks.
3. Write your complaint/citation number where indicated below.
4. Fill in the Payment Information Section for the charges you wish to plead responsible to and circle the letter(s) that correspond(s) to that charge on your citation. Print the name and address of the person who received the citation/complaint EXACTLY as it appears.
5. Place the Payment Information form and the payment in the envelope and affix the correct postage. Mail the payment at least five days prior to your court date. (listed above your signature on the citation/complaint)

Important Note: Payment information sheet must accompany the money order or cashier's check in order to process your payment.

Payment Information to Pay Your Fine by Mail

Complaint # _____

If Minor, parent must contact the court.

Charge: (A) (B) (C) (D) (E)

Violation Date: _____

If minor, Parent or Guardian Signature

Court Date: _____

Name: _____

Print name of Parent or Guardian

Mailing Address: _____

Online Payments

www.globeazpayments.com or call

(855)839-6011

www.miamiazpayments.com or call

Method of Payment:

(855)839-6012

- ☐ Money Order
- ☐ Cashier's Check

(Please note that a processing fee may apply when using the online payment websites)

I have read and signed the following statement:

I hereby plead responsible to the charge(s)

For a return receipt, please submit a self-addressed Stamped envelope.

Signature

Bond/Fine Schedule

If your violation is **not** listed, you must call the court prior to your appearance date.

If you are under eighteen years of age, a parent or guardian must appear in court with you.

If you wish to find out if your violation is eligible for Defensive Driving - call the Defensive Driving School listed in Option 1.

VIOLATION CODE	FINE AMOUNT
5-331	\$132.00
5-332 TO 336	\$132.00
5-341A	\$282.00
5-343	\$132.00
5-346 A-D	\$282.00
17-301.C	\$137.00
17-301.C1	\$137.00
17-309.A1	\$137.00
17-331	\$127.00
17-309 BIG GAME VIOLATIONS - CALL COURT	
PREFIX: R-17-5-202:	
391-15	\$285.00
391.45	\$610.00
392.9	\$135.00
395.8, 8E, E1, E2, F1	\$610.00
395.3	\$285.00
FOR ANY OF THE CHARGES LISTED ABOVE THIS LINE: Please contact the Court for a Criminal Plea by Mail form (also available online via Court website)	
TITLE 28 VIOLATIONS:	
28-701.02 A1	THESE CHARGES
28-701.02 A2	NOT ELIGIBLE FOR
28-701.02 A3	DEFENSIVE DRIVING
THE ABOVE THREE CHARGES MUST APPEAR IN COURT	
28-701 FAILURE TO CONTROL (ACCIDENT)	\$180.00

28-701.A TO 28-702.01 B THRU E SPEEDING VIOLATIONS

10 MPH OVER	\$180.00
11 TO 15 MPH OVER	\$191.00
16 TO 20 MPH OVER	\$206.00
21 TO 25 MPH OVER	\$255.00
26 TO 30 MPH OVER	\$309.00
31 TO 40 MPH OVER	\$396.00
41 MPH AND OVER	\$506.00
28-702.01A WASTE OF FINITE RESOURCES LESS THAN 65 IN A 55MPH ZONE - EFFECTIVE 1/1/2019	\$74.00
28-702.04B	\$505.00
28-664A1	\$517.00
28-645A3A MANDATORY TRAFFIC SCHOOL	\$209.00
28-704A / 28-704C	\$183.00
28-721A	\$200.00
28-726.A1 / 28-726.A3	\$402.00
28-727	\$303.00
28-729.1 / 28-729.2 / 28-729.3	\$183.00
28-730 A, B, C	\$194.00
28-754 A	\$151.00
28-771 A	\$183.00
28-855.B	\$209.00
28-891 A,B	\$183.00
28-907	\$143.00
28-909 A / 28-909 A2	\$65.00
28-1104	\$226.00
28-2158 C	\$160.00
28-2532 A	\$597.00
28-3151 A	\$137.00
28-3169 A	\$137.00
28-4135 C	\$965.00
28-3480 RESTRICTED LICENSE	\$367.00
28-3482 Driving w/License Susp. FTA/FTP	\$399.00

FINES PAID AFTER YOUR HEARING DATE WILL
INCLUDE A \$20.00 TIME PAYMENT FEE. YOUR
APPEARANCE DATE IS LOCATED ON YOUR
TICKET JUST ABOVE YOUR SIGNATURE.

Note: No points are assessed for this violation and it may be used for the purpose of establishing insurance rates; the Court does not therefore recommend attending defensive driving school for violations of 28-702.01A

* A.R.S. 28-645A3A & 28-647.1-State Law Requires all persons to attend Traffic Survival School (TSS) who are found responsible for a red light or flashing red light violation by the court. If you are required to attend TSS, you will receive notice from the Motor Vehicle Division (MVD). If, however, you are eligible for, and complete the Defensive Driving Course, the violation will be dismissed and you will not be subject to the requirement to attend a TSS class by the MVD.

Revised as of 1/01/2019

Option 3: Request a Hearing by Mail

Complete the following **ONLY** if you wish to contest the charge(s) before a judge or hearing officer.

Note: Setting a hearing results in a loss of your privilege to attend a defensive driving class for violation dismissal.

1. Write the citation/complaint number that appears in the upper left hand corner of your citation in the spaces provided below and **indicate the charges for which you want to set a hearing by circling the letter that corresponds to that charge on your citation.**

Upon receiving your request for a trial/hearing, notice will be mailed to you with a date and time to appear for court. Please call to confirm trial/hearing at least 24 hours in advance.

Citation # _____

Charge Number (circle one): (A) (B) (C) (D) (E)

2. Read and Sign the following statement:

I am not responsible for the charge(s) noted above; I request a hearing to contest the charges.

Signature

3. Provide the following information (please print)

Name: _____

Address: _____

City/State/Zip: _____

Daytime Phone: _____

Mark one of the following:

____ I will be represented by an attorney.

____ I will not be represented by an attorney.

Print this page and place it in an envelope along with your citation. Mail the envelope and request at least five business days prior to the court date shown above your signature on the citation, or at least ten days prior to our court date if you intend to be represented by an attorney at trial/hearing.

You will be notified by mail of your trial/hearing date. You must appear on the date assigned by the Court.

Americans with Disabilities Act (ADA) Notice

If you need special accommodations, due to a disability, for your appearance in court, please call the court at (928)425-3231.
